

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF ALLEN COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 11784

City or town, state or province, country, and ZIP or foreign postal code
FORT WAYNE, IN 46860

D Employer identification number
35-0867932

E Telephone number
(260) 422-4776

G Gross receipts \$ 8,425,838

F Name and address of principal officer
DAVID M NICOLE
334 EAST BERRY STREET
FORT WAYNE, IN 46802

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW UNITEDWAYALLENCOUNTY ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1962 **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	32
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	35
6 Total number of volunteers (estimate if necessary)	2,107
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,820,174	4,883,769
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,595	10,996
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	445,881	454,443
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,276,650	5,349,208

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,594,650	2,992,018
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,341,610	1,354,410
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 659,440		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	760,360	762,210
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,696,620	5,108,638
19 Revenue less expenses Subtract line 18 from line 12	-419,970	240,570

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,582,893	6,087,605
21 Total liabilities (Part X, line 26)	678,535	724,020
22 Net assets or fund balances Subtract line 21 from line 20	4,904,358	5,363,585

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2017-08-16
DAVID M NICOLE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: TODD E HAINES
Preparer's signature: TODD E HAINES
Date: 2017-11-09
Check if self-employed
PTIN: P00691953
Firm's name: HAINES ISENBARGER & SKIBA LLC
Firm's EIN: 52-2127371
Firm's address: 4630 W JEFFERSON BLVD 8 FORT WAYNE, IN 46804
Phone no: (260) 436-9500

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,411,567 including grants of \$ 2,050,000) (Revenue \$) See Additional Data

4b (Code) (Expenses \$ 690,242 including grants of \$) (Revenue \$) See Additional Data

4c (Code) (Expenses \$ 725,816 including grants of \$ 725,816) (Revenue \$) See Additional Data

(Code) (Expenses \$ 494,939 including grants of \$ 216,202) (Revenue \$)

COMMUNITY COLLABORATIONS UNITED WAY OF ALLEN COUNTY INVESTS IN NUMEROUS COLLABORATIVE EFFORTS THAT CONVENE MULTIPLE PARTNERS TO ADDRESS CONCERNS IN THE COMMUNITY IN THE AREAS OF BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES THROUGH COMMUNITY-BASED SOLUTIONS --CASE COORDINATION UNITED WAY PROVIDES SUPPORT AND TECHNOLOGY FOR A COMMUNITY PARTNERSHIP THAT OFFERS COORDINATION OF SERVICES TO ALLEN COUNTY FAMILIES WITH A PRIMARY FOCUS ON FAMILY FINANCIAL STABILITY CURRENTLY, THREE CASE COORDINATION PARTNERS WORK TOGETHER TO CREATE A STREAMLINED APPROACH TO SERVING POTENTIAL CLIENTS CLIENTS NEEDING FINANCIAL ASSISTANCE CAN CONTACT ANY OF THE THREE AGENCIES AND THE CASE COORDINATOR WILL WORK WITH THE OTHER TWO TO MEET THE CLIENT'S NEEDS, ELIMINATING EXTRA STEPS AND SAVING TIME FOR BOTH THE ORGANIZATIONS AND THE CLIENTS THIS PROGRAM INCLUDES CASE MANAGEMENT, FINANCIAL EDUCATION AND BUDGETING FINANCIAL ASSISTANCE IS ALSO AVAILABLE WHEN NEEDED CASE COORDINATION LEADERSHIP IS WORKING ON UTILIZING ASSET MAPS TO DETERMINE AREAS OF OUR WORK THAT COULD BE STRENGTHENED IN ADDITION, CONVERSATIONS ARE BEING HELD WITH OTHER STATE EXPERTS IN HOW CASE COORDINATION COULD ENHANCE OPPORTUNITIES TO WORK WITH CLIENTS IN IMPROVED WAYS TO BUILD THEIR PERSONAL ASSETS AND INCREASE THEIR FINANCIAL STABILITY --DAY OF CARING FOR OUR 24TH ANNUAL UNITED WAY DAY OF CARING, 72 TEAMS TOTALLING 1,444 VOLUNTEERS COMPLETED 96 PROJECTS UNITED WAY WORKS TOGETHER WITH AGENCIES AND VOLUNTEERS TO MEET THE NEEDS OF OUR COMMUNITY, MAKING ALLEN COUNTY A BETTER PLACE TO LIVE AND WORK PROJECTS SUBMITTED FOR DAY OF CARING ARE COMPLETED IN ONE DAY AND GENERALLY CONSIST OF CLEANING, LANDSCAPING, PAINTING AND OTHER GENERAL MAINTENANCE PROJECTS TAKE PLACE AT NON-PROFIT AGENCIES, SCHOOLS OR PRIVATE RESIDENCES COORDINATED BY NEIGHBORLINK --BIG GOAL THROUGH UNITED WAY'S PARTNERSHIP IN THE BIG GOAL (A COMMUNITY-WIDE EFFORT TO INCREASE THE NUMBER OF HIGH SCHOOL GRADUATES WHO GO ON TO OBTAIN JOB SKILL CREDENTIALS), IT IS COMMITTED TO IMPROVING EARLY CHILDHOOD CARE AND EDUCATION IN OUR COMMUNITY RESEARCH SHOWS THAT FOCUSING ON A CHILD'S EARLY LEARNING EXPERIENCE AND ENSURING THEY ENTER KINDERGARTEN READY TO LEARN IMPROVES GRADUATION RATES --KINDERGARTEN COUNTDOWN KINDERGARTEN COUNTDOWN COMPLETED ITS FIFTH YEAR WHERE 101 CHILDREN ATTENDED CLASSES IN THE SCHOOLS THEY WILL BE ATTENDING IN THE FALL THE PROGRAM OPERATES IN TWO PUBLIC SCHOOL DISTRICTS AND EMPHASIZES CLASSROOM SKILLS LIKE RAISING HANDS AND LINING UP QUIETLY AS WELL AS STRENGTHENING THE LITERACY SKILLS THAT ARE NECESSARY TO LEARN TO READ THIS YEAR'S STUDENTS SHOWED A 20 PERCENT INCREASE IN BASIC LITERACY SKILLS AND A 37 PERCENT INCREASE IN SOCIAL EMOTIONAL SCORES FROM THE ASSESSMENTS COMPLETED AT THE BEGINNING AND END OF THE FOUR-WEEK PROGRAM THERE WAS A 39 PERCENT INCREASE IN THE NUMBER STUDENTS ABLE TO WRITE THEIR NAMES STUDENTS HAD VISION SCREENINGS CONDUCTED WHILE ALSO BEING PROVIDED OPPORTUNITIES TO GET THEIR IMMUNIZATIONS UP-TO-DATE BEFORE THE SCHOOL YEAR BEGAN --ON MY WAY PRE-K PILOT ON MY WAY PRE-K IS THE NAME OF INDIANA'S FIRST STATE-FUNDED PREKINDERGARTEN PROGRAM, WHICH WAS APPROVED AS A FIVE-COUNTY PILOT BY THE INDIANA GENERAL ASSEMBLY IN 2014 THE PRIMARY GOAL OF THE ON MY WAY PRE-K PILOT PROGRAM IS TO PROMOTE ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDUCATION (ECE) PROGRAMS FOR LOW-INCOME CHILDREN ALLEN COUNTY WAS SELECTED AS ONE OF FIVE COUNTIES FOR THE PROGRAM AFTER DEMONSTRATING THE ABILITY TO SUCCESSFULLY IMPLEMENT THE PROJECT STATE FUNDING IS SECURED THROUGH A MATCH FOR EVERY 1 THAT ALLEN COUNTY INVESTS, THE STATE MATCHES 9 UNITED WAY IS THE LEAD FOR THE ALLEN COUNTY PROGRAM AND IS THE PRIMARY FUNDRAISER FOR THE MATCH THIS PAST YEAR 214 FOUR-YEAR-OLDS PARTICIPATED IN THE PRE-K PROGRAM IN ALLEN COUNTY ALL PROVIDERS ARE AT A LEVEL 3 OR 4 ON THE PATHS TO QUALITY SYSTEM, INDIANA'S CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM --VOLUNTEER INCOME TAX ASSISTANCE (VITA) DURING THE 2017 SEASON, TAX PREPARATION WAS OFFERED AT TWO SITES IN ALLEN COUNTY AND ONE EACH IN DEKALB, NOBLE AND STEUBEN COUNTIES MOBILE SERVICES ARE AVAILABLE FOR HOMEBOUND INDIVIDUALS AND MILITARY PERSONNEL THIS YEAR, NEARLY 70 VOLUNTEERS DONATED OVER 1,800 HOURS TO THIS EFFORT OVER 3.5 MILLION WERE RETURNED TO 2,831 RESIDENTS

4d Other program services (Describe in Schedule O) (Expenses \$ 494,939 including grants of \$ 216,202) (Revenue \$)

4e Total program service expenses 4,322,564

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELIZABETH PETER 334 EAST BERRY STR FORT WAYNE, IN 46802 (260) 422-4776

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	11,885				
	d Related organizations	1d					
	e Government grants (contributions)	1e	37,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,834,384				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		4,883,769				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,975			32,975	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		3,047,564			
		c Gain or (loss)		-21,979			
		d Net gain or (loss)		-21,979			-21,979
	8a Gross income from fundraising events (not including \$ 11,885 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	128,738			
		c Net income or (loss) from fundraising events		99,672			99,672
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a ADMINISTRATIVE FEES	561000	352,182	352,182				
b MISCELLANEOUS REVENUE	561000	2,589	2,589				
c _____							
d All other revenue							
e Total. Add lines 11a-11d		354,771					
12 Total revenue. See Instructions		5,349,208	354,771		110,668		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,992,018	2,992,018		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	210,164	136,166	4,020	69,978
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	882,225	571,595	16,877	293,753
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,025	20,374	791	8,860
9 Other employee benefits	148,058	96,768	4,627	46,663
10 Payroll taxes	83,938	54,199	1,807	27,932
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,250		21,250	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	187,514	83,075	45,135	59,304
12 Advertising and promotion	67,460	59,256	1,641	6,563
13 Office expenses	40,655	21,080	915	18,660
14 Information technology	70,926	48,222	3,153	19,551
15 Royalties				
16 Occupancy	141,450	91,632	9,838	39,980
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,243	17,058	1,837	7,348
23 Insurance	10,972	7,132	768	3,072
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	79,991	45,873	9,116	25,002
b TRAVEL & TRAINING	41,412	26,059	792	14,561
c EQUIPMENT RENTAL & MAINTENANCE	29,073	19,827	2,225	7,021
d PUBLIC EVENTS	26,965	20,840		6,125
e All other expenses	18,299	11,390	1,842	5,067
25 Total functional expenses. Add lines 1 through 24e	5,108,638	4,322,564	126,634	659,440
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	249,920	1	458,759
	2 Savings and temporary cash investments	411,534	2	538,303
	3 Pledges and grants receivable, net	1,496,574	3	1,574,774
	4 Accounts receivable, net	14,430	4	150,558
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	47,210	9	14,757
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	228,270		
	b Less accumulated depreciation	168,167		
	11 Investments—publicly traded securities	1,963,305	11	1,935,710
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,343,024	15	1,354,641
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,582,893	16	6,087,605	
Liabilities	17 Accounts payable and accrued expenses	97,432	17	96,242
	18 Grants payable		18	
	19 Deferred revenue		19	18,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	581,103	25	609,778
	26 Total liabilities. Add lines 17 through 25	678,535	26	724,020
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,944,827	27	3,662,934
	28 Temporarily restricted net assets	1,062,787	28	819,396
	29 Permanently restricted net assets	896,744	29	881,255
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,904,358	33	5,363,585
	34 Total liabilities and net assets/fund balances	5,582,893	34	6,087,605

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,349,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,108,638
3	Revenue less expenses Subtract line 2 from line 1	3	240,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,904,358
5	Net unrealized gains (losses) on investments	5	231,151
6	Donated services and use of facilities	6	
7	Investment expenses	7	-12,494
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,363,585

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-0867932

Name: UNITED WAY OF ALLEN COUNTY INC

Form 990 (2016)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENTS UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON-PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE-YEAR PERIOD PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES 1 CHILDREN ENTER KINDERGARTEN READY TO LEARN 2 CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE 3 YOUTH SUCCEED IN SCHOOL 4 YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULTHOOD 5 FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES 6 SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE 7 INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW -ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) -ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS -NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES ADDITIONALLY, UNITED WAY INVESTS IN VARIOUS COMMUNITY COLLABORATIONS (KINDERGARTEN COUNTDOWN, 211, VITA, ON MY WAY PRE-K) THROUGHOUT ALLEN COUNTY

Form 990, Part III, Line 4b:

UNITED WAY OF ALLEN COUNTY 2-1-1 2-1-1 IS A FREE, AND CONFIDENTIAL DIALING CODE WHERE INDIVIDUALS IN NEED CAN REACH A TRAINED/CERTIFIED COMMUNITY NAVIGATOR WHO CAN CONNECT THEM TO THE HEALTH AND HUMAN SERVICES IN THEIR COMMUNITY OPERATED IN ALLEN COUNTY AS AN ENDORSED REGIONAL 2-1-1 SERVICE CENTER, THE PROGRAM SERVES NINETEEN COUNTIES IN NORTHERN INDIANA OVER THE PAST FISCAL YEAR, 2-1-1 PROVIDED ASSISTANCE TO NEARLY 38,000 CALLERS 2-1-1 MAINTAINED THE COLLABORATION WITH THE FINANCIAL STABILITY PARTNERSHIP IN ALLEN COUNTY AND UNITED WAYS IN FOUR OF THE NORTHERN COUNTIES FOR WHICH OUR NAVIGATORS SCHEDULED OVER 3,600 APPOINTMENTS FOR EITC SITES THE INDIANA 211 PARTNERSHIP CONTINUED THE CONTRACT FROM INDIANA FAMILY & SOCIAL SERVICE ADMINISTRATION RENEWED TO PERFORM SNAP OUTREACH WORK OUR 211 NAVIGATORS ASKED OVER 35,000 CALLERS IF THEY WERE CURRENTLY RECEIVING SNAP BENEFITS AND PROVIDED PRE-SCREENING AND REFERRALS FOR THOSE THAT STILL NEEDED TO BE CONNECTED TO THOSE BENEFITS IN ADDITION, THE IN211 PARTNERSHIP COMPLETED ITS GRANT TO CONTINUE PROVIDING PRE-SCREENING AND REFERRALS FOR THOSE THAT WERE NOT CURRENTLY COVERED UNDER HEALTH INSURANCE OVER 25,000 CALLERS WERE ASKED BY OUR 211 NAVIGATORS IF THEY WERE CURRENTLY UNINSURED AND PROVIDED PRESCREENING AND REFERRALS TO MULTIPLE HEALTH INSURANCE OPTIONS IF THEY WERE UNINSURED

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS UNITED WAY OF ALLEN COUNTY (UWAC) DIRECTS DESIGNATED CONTRIBUTIONS (50 OR MORE) TO FUNDED PARTNERS OR TO LOCAL UNITED WAYS IN OTHER COMMUNITIES WHEN A DONOR DESIGNATES A GIFT, THOSE DOLLARS ARE PROVIDED TO THE AGENCY IN ADDITION TO ANY OTHER FUNDING THAT EACH ORGANIZATION RECEIVES FROM UNITED WAY OF ALLEN COUNTY DESIGNATED GIFTS ARE USED AT THE AGENCY'S DISCRETION AND ARE NOT MONITORED BY UNITED WAY OF ALLEN COUNTY TO ENSURE CONTRIBUTIONS ARE ACHIEVING MEASURABLE RESULTS UNITED WAY OF ALLEN COUNTY HAS NO CONTROL OVER THE OUTCOMES GENERATED BY THESE DESIGNATED DONATIONS UWAC RETAINS 18% OF THE ACTUAL AMOUNT COLLECTED ON DESIGNATED PLEDGES TO PARTNER AGENCIES IN ORDER TO RECOVER THE FUNDRAISING AND ADMINISTRATIVE COSTS UWAC RETAINS 10% OF DESIGNATED GIFTS TO UNITED WAYS/FUNDS THAT ARE PART OF THE NORTHEAST INDIANA CONSORTIUM AND 18% ON GIFTS TO OTHER UNITED WAYS NO OTHER FEES OR PERCENTAGES ARE CHARGED AGAINST THESE GIFTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM JOHNSON BOARD CHAIR	1 00	X		X				0	0	0
DAN STARR VICE CHAIR	1 00	X		X				0	0	0
PAULA HUGHES SECRETARY (2)	1 00	X		X				0	0	0
GREG JOHNSON TREASURER	1 00	X		X				0	0	0
TINA FARRINGTON SECRETARY (2)	1 00	X						0	0	0
STEVE SMITH PAST CHAIR	1 00	X						0	0	0
AHMED ABDELMAGEED DIRECTOR	1 00	X						0	0	0
HERB ANDERSON DIRECTOR	1 00	X						0	0	0
MARY BELL DIRECTOR	1 00	X						0	0	0
MICKY BENTON DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BERGHOFF DIRECTOR	1 00	X						0	0	0
DON CATES DIRECTOR	1 00	X						0	0	0
PAUL CHODAK DIRECTOR	1 00	X						0	0	0
JANET CHRZAN DIRECTOR	1 00	X						0	0	0
JOE COHEN DIRECTOR	1 00	X						0	0	0
SUE EHINGER DIRECTOR	1 00	X						0	0	0
DARYL FLOWERS DIRECTOR	1 00	X						0	0	0
KRISTI HARKENRIDER DIRECTOR	1 00	X						0	0	0
TOM HENRY DIRECTOR	1 00	X						0	0	0
TOM LEWANDOWSKI DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALYSSA LEWANDOWSKI DIRECTOR	1 00	X						0	0	0
COREY LOVELACE DIRECTOR	1 00	X						0	0	0
DIANNE MAY DIRECTOR	1 00	X						0	0	0
MAX MONTESINO DIRECTOR	1 00	X						0	0	0
LLOYD OSBORNE DIRECTOR	1 00	X						0	0	0
IRENE PAXIA DIRECTOR	1 00	X						0	0	0
NELSON PETERS DIRECTOR	1 00	X						0	0	0
LISA SMITH DIRECTOR	1 00	X						0	0	0
CHRIS SOSEBEE DIRECTOR	1 00	X						0	0	0
RUTH STONE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IRENE WALTERS DIRECTOR	1 00	X						0	0	0
DR DEBRA FAYE WILLIAMS-ROBBINS DIRECTOR	1 00	X						0	0	0
DOUG WOOD DIRECTOR	1 00	X						0	0	0
DAVID M NICOLE PRESIDENT &	40 00			X				112,697	0	13,540
TERRI E VENABLE CFO (BOY)	40 00			X				70,459	0	12,590
ELIZABETH PETER CFO (EOY)	40 00			X				5,385	0	557

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,695,090	4,426,060	4,885,309	4,820,174	4,883,769	24,710,402
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,695,090	4,426,060	4,885,309	4,820,174	4,883,769	24,710,402
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,592,848
6 Public support. Subtract line 5 from line 4						23,117,554

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	5,695,090	4,426,060	4,885,309	4,820,174	4,883,769	24,710,402
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,604	99,148	67,519	33,942	32,975	297,188
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	120,526	205,356	276,760	354,180	354,771	1,311,593
11 Total support. Add lines 7 through 10						26,319,183
12 Gross receipts from related activities, etc. (see instructions)					12	400,554

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	87.840 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	88.120 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	ADMINISTRATIVE AND MISCELLANEOUS 1,311,593

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART II, SECTION B LINE 12 SCHEDULE A LINE 12 CHANGED DUE TO AN ERROR IN REPORTING INFORMATION IN PRIOR YEARS

Schedule A Form 990 of 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,303,473	1,405,600	1,500,727	1,402,408	1,314,511
b Contributions	10,000	100			
c Net investment earnings, gains, and losses	61,589	-40,659	-31,053	157,045	127,657
d Grants or scholarships	55,791	61,568	64,074	58,726	39,760
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,319,271	1,303,473	1,405,600	1,500,727	1,402,408

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 66 800 %
 - b** Permanent endowment ▶ 13 700 %
 - c** Temporarily restricted endowment ▶ 19 500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		76,024	50,932	25,092
d Equipment		152,246	117,235	35,011
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				60,103

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST FUNDS - CMTY FDN	973,224
(2) CONTRIB RECEIVABLE FROM REMAINDER TR	201,638
(3) BENEFICIAL INTEREST IN PERPETUAL TR	144,409
(4) CASH SURRENDER VALUE OF LIFE INSUR	35,370
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	1,354,641

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DONOR DESIGNATIONS	543,581
DEFERRED RENT	66,197
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	609,778

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,842,049
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	231,151
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	231,151
3	Subtract line 2e from line 1	3	4,610,898
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,494
b	Other (Describe in Part XIII)	4b	725,816
c	Add lines 4a and 4b	4c	738,310
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,349,208

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,382,822
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,382,822
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	725,816
c	Add lines 4a and 4b	4c	725,816
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,108,638

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 35-0867932

Name: UNITED WAY OF ALLEN COUNTY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	TO THE EXTENT THAT THE AMOUNT OF ENDOWMENT INVESTMENT INCOME TO BE DISTRIBUTED HAS BEEN DETERMINED AND THAT ALL DONOR DIRECTIVES HAVE BEEN MET, SAID AMOUNT MAY BE DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF ALLEN COUNTY'S BOARD OF DIRECTORS IN GENERAL, HOWEVER, THESE FUNDS WILL BE UTILIZED TO STABILIZE AGENCY FUNDING DURING PERIODS OF BELOW NORMAL ANNUAL CAMPAIGNS, TO ENHANCE ANNUAL AGENCY DISTRIBUTIONS, FOR SPECIAL PURPOSE AGENCY GRANTS AND TO SUPPORT THE ADMINISTRATIVE ACTIVITIES OF UNITED WAY OF ALLEN COUNTY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UNITED WAY OF ALLEN COUNTY IS INCORPORATED AS A NONPROFIT, VOLUNTARY ORGANIZATION, EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND QUALIFIES FOR THE 50 PERCENT CHARITABLE CONTRIBUTIONS DEDUCTION LIMITATION. UNITED WAY OF ALLEN COUNTY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES UNITED WAY OF ALLEN COUNTY IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2014.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DESIGNATED CONTRIBUTIONS 725,816

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DESIGNATED CONTRIBUTIONS 725,816

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		POWER OF PURSE (event type)	MEN'S NIGHT OUT (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	107,242	33,381		140,623
2	Less Contributions		11,885		11,885
3	Gross income (line 1 minus line 2)	107,242	21,496		128,738
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,125	1,115		6,240
	7 Food and beverages	11,803	7,611		19,414
	8 Entertainment				
	9 Other direct expenses	2,678	734		3,412
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				29,066
11	Net income summary Subtract line 10 from line 3, column (d) ▶				99,672

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON- PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE YEAR PERIOD PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES 1 CHILDREN ENTER KINDERGARTEN READY TO LEARN 2 CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE 3 YOUTH SUCCEED IN SCHOOL 4 YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULthood 5 FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES 6 SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE 7 INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW --ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) --ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS --NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES

Additional Data

Software ID:
Software Version:
EIN: 35-0867932
Name: UNITED WAY OF ALLEN COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING AND IN-HOME SERVICES 2927 LAKE AVE FORT WAYNE, IN 46805			10,000				PROG OPERATING COSTS
AMERICAN RED CROSS OF NE INDIANA 1212 E CALIFORNIA ROAD FORT WAYNE, IN 46825			21,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE STREET FORT WAYNE, IN 46802			30,000				PROG OPERATING COSTS
BIG BROTHERS BIG SISTERS OF NE IN 2439 FAIRFIELD AVENUE FORT WAYNE, IN 46807			130,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE JACKET 2826 CALHOUN ST FORT WAYNE, IN 46807			40,000				PROG OPERATING COSTS
BOY SCOUTS OF AMERICA AW AREA CON 8315 W JEFFERSON BLVD FORT WAYNE, IN 46804			10,500				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF FW 2609 FAIRFIELD AVENUE FORT WAYNE, IN 46807			25,885				PROG OPERATING COSTS
BRIGHTPOINT 227 E WASHINGTON BLVD FORT WAYNE, IN 46802			250,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SERVICES OF NE INDIANA 6316 MUTUAL DRIVE FORT WAYNE, IN 46825			25,000				PROG OPERATING COSTS
CATHOLIC CHARITIES 315 E WASHINGTON BVLD FORT WAYNE, IN 46802			87,500				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NONVIOLENCE 235 W CREIGHTON AVENUE FORT WAYNE, IN 46807			25,000				PROG OPERATING COSTS
COMMUNITY TRANSPORTATION NETWORK 2701 S COLISEUM BLVD STE 1315 FORT WAYNE, IN 46803			55,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD MONROEVILLE, IN 46773			14,000				PROG OPERATING COSTS
CRIME VICTIM CARE 2456 LAKE AVENUE FORT WAYNE, IN 46805			12,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY CHILDHOOD ALLIANCE 3320 FAIRFIELD AVENUE FORT WAYNE, IN 46807			110,000				PROG OPERATING COSTS
EAST WAYNE STREET CENTER 801 W WAYNE ST FORT WAYNE, IN 46802			10,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIN'S HOUSE FOR GREIVING CHILDREN 5670 YMCA PARK DR FORT WAYNE, IN 46835			10,000				PROG OPERATING COSTS
HEADWATERS COUNSELING 2712 S CALHOUN STREET FORT WAYNE, IN 46807			130,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE RESCUE MISSION 301 W SUPERIOR STREET FORT WAYNE, IN 46802			50,000				PROG OPERATING COSTS
FORT WAYNE URBAN LEAGUE 2135 S HANNA STREET FORT WAYNE, IN 46803			55,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE WOMEN'S BUREAU INC 3521 LAKE AVENUE STE 1 FORT WAYNE, IN 46805			15,000				PROG OPERATING COSTS
GIRL SCOUTS OF NORTHERN IN-MI 10008 DUPONT CIRCLE DR EAST FORT WAYNE, IN 46825			10,500				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE FOR THE BLIND & DISABLED 5821 S ANTHONY BLVD FORT WAYNE, IN 46816			50,000				PROG OPERATING COSTS
LUTHERAN SOCIAL SERVICES 330 MADISON STREET FORT WAYNE, IN 46802			125,500				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MLK MONTESSORI SCHOOL 6001 S ANTHONY BLVD FORT WAYNE, IN 46816			43,000				PROG OPERATING COSTS
NEIGHBORHOOD HEALTH CLINICS INC 1717 S CALHOUN STREET FORT WAYNE, IN 46802			126,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE RESOURCE CENTER 525 OXFORD STREET FORT WAYNE, IN 46806			23,000				PROG OPERATING COSTS
SCANPARENT CHILD CONNECTION 500 W MAIN STREET FORT WAYNE, IN 46802			118,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LITERACY ALLIANCE 709 CLAY STREET STE 100 FORT WAYNE, IN 46802			30,500				PROG OPERATING COSTS
THE SALVATION ARMY 2901 N CLINTON STREET FORT WAYNE, IN 46805			60,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURNSTONE CTR FOR DISABLED CHILDREN 3320 N CLINTON STREET FORT WAYNE, IN 46805			173,990				PROG OPERATING COSTS
VINCENT VILLAGE 2827 HOLTON AVENUE FORT WAYNE, IN 46806			20,000				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE & HOSPICE 5910 HOMESTEAD ROAD FORT WAYNE, IN 46814			20,000				PROG OPERATING COSTS
WELLSPRING INTERFAITH SOCIAL SERVIC 1316 BROADWAY FORT WAYNE, IN 46802			27,125				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 1020 S BARR STREET FORT WAYNE, IN 46802			85,000				PROG OPERATING COSTS
YWCA 1610 SPY RUN FORT WAYNE, IN 46805			126,500				PROG OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TO VAR ORGANIZATIONS & UNITED WAYS			748,116				DONOR DESIGNATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number

35-0867932

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>3 YOUTH SUCCEED IN SCHOOL 4 YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULthood 5 FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES 6 SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE 7 INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW -ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) -ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS -NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES ADDITIONALLY, UNITED WAY INVESTS IN VARIOUS COMMUNITY COLLABORATIONS (KINDERGARTEN COUNTDOWN, 211, VITA, ON MY WAY PRE-K)THROUGHOUT ALLEN COUNTY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	211 NAVIGATORS ASKED OVER 35,000 CALLERS IF THEY WERE CURRENTLY RECEIVING SNAP BENEFITS AND PROVIDED PRE-SCREENING AND REFERRALS FOR THOSE THAT STILL NEEDED TO BE CONNECTED TO THOSE BENEFITS IN ADDITION, THE IN211 PARTNERSHIP COMPLETED ITS GRANT TO CONTINUE PROVIDING PRE-SCREENING AND REFERRALS FOR THOSE THAT WERE NOT CURRENTLY COVERED UNDER HEALTH INSURANCE OVER 25,000 CALLERS WERE ASKED BY OUR 211 NAVIGATORS IF THEY WERE CURRENTLY UNINSURED AND PROVIDED PRESCREENING AND REFERRALS TO MULTIPLE HEALTH INSURANCE OPTIONS IF THEY WERE UNINSURED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	COSTS UWAC RETAINS 10% OF DESIGNATED GIFTS TO UNITED WAYS/FUNDS THAT ARE PART OF THE NORTHEAST INDIANA CONSORTIUM AND 18% ON GIFTS TO OTHER UNITED WAYS NO OTHER FEES OR PERCENTAGES ARE CHARGED AGAINST THESE GIFTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>COMMUNITY COLLABORATIONS UNITED WAY OF ALLEN COUNTY INVESTS IN NUMEROUS COLLABORATIVE EFFORTS THAT CONVENE MULTIPLE PARTNERS TO ADDRESS CONCERNS IN THE COMMUNITY IN THE AREAS OF BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES THROUGH COMMUNITY-BASED SOLUTIONS --CASE COORDINATION UNITED WAY PROVIDES SUPPORT AND TECHNOLOGY FOR A COMMUNITY PARTNERSHIP THAT OFFERS COORDINATION OF SERVICES TO ALLEN COUNTY FAMILIES WITH A PRIMARY FOCUS ON FAMILY FINANCIAL STABILITY CURRENTLY, THREE CASE COORDINATION PARTNERS WORK TOGETHER TO CREATE A STREAMLINED APPROACH TO SERVING POTENTIAL CLIENTS CLIENTS NEEDING FINANCIAL ASSISTANCE CAN CONTACT ANY OF THE THREE AGENCIES AND THE CASE COORDINATOR WILL WORK WITH THE OTHER TWO TO MEET THE CLIENT'S NEEDS, ELIMINATING EXTRA STEPS AND SAVING TIME FOR BOTH THE ORGANIZATIONS AND THE CLIENTS THIS PROGRAM INCLUDES CASE MANAGEMENT, FINANCIAL EDUCATION AND BUDGETING FINANCIAL ASSISTANCE IS ALSO AVAILABLE WHEN NEEDED CASE COORDINATION LEADERSHIP IS WORKING ON UTILIZING ASSET MAPS TO DETERMINE AREAS OF OUR WORK THAT COULD BE STRENGTHENED IN ADDITION, CONVERSATIONS ARE BEING HELD WITH OTHER STATE EXPERTS IN HOW CASE COORDINATION COULD ENHANCE OPPORTUNITIES TO WORK WITH CLIENTS IN IMPROVED WAYS TO BUILD THEIR PERSONAL ASSETS AND INCREASE THEIR FINANCIAL STABILITY --DAY OF CARING FOR OUR 24TH ANNUAL UNITED WAY DAY OF CARING, 72 TEAMS TOTALLING 1,444 VOLUNTEERS COMPLETED 96 PROJECTS UNITED WAY WORKS TOGETHER WITH AGENCIES AND VOLUNTEERS TO MEET THE NEEDS OF OUR COMMUNITY, MAKING ALLEN COUNTY A BETTER PLACE TO LIVE AND WORK PROJECTS SUBMITTED FOR DAY OF CARING ARE COMPLETED IN ONE DAY AND GENERALLY CONSIST OF CLEANING, LANDSCAPING, PAINTING AND OTHER GENERAL MAINTENANCE PROJECTS TAKE PLACE AT NON-PROFIT AGENCIES, SCHOOLS OR PRIVATE RESIDENCES COORDINATED BY NEIGHBORLINK --BIG GOAL THROUGH UNITED WAY'S PARTNERSHIP IN THE BIG GOAL (A COMMUNITY-WIDE EFFORT TO INCREASE THE NUMBER OF HIGH SCHOOL GRADUATES WHO GO ON TO OBTAIN JOB SKILL CREDENTIALS), IT IS COMMITTED TO IMPROVING EARLY CHILDHOOD CARE AND EDUCATION IN OUR COMMUNITY RESEARCH SHOWS THAT FOCUSING ON A CHILD'S EARLY LEARNING EXPERIENCE AND ENSURING THEY ENTER KINDERGARTEN READY TO LEARN IMPROVES GRADUATION RATES -- KINDERGARTEN COUNTDOWN KINDERGARTEN COUNTDOWN COMPLETED ITS FIFTH YEAR WHERE 101 CHILDREN ATTENDED CLASSES IN THE SCHOOLS THEY WILL BE ATTENDING IN THE FALL THE PROGRAM OPERATES IN TWO PUBLIC SCHOOL DISTRICTS AND EMPHASIZES CLASSROOM SKILLS LIKE RAISING HANDS AND LINING UP QUIETLY AS WELL AS STRENGTHENING THE LITERACY SKILLS THAT ARE NECESSARY TO LEARN TO READ THIS YEAR'S STUDENTS SHOWED A 20 PERCENT INCREASE IN BASIC LITERACY SKILLS AND A 37 PERCENT INCREASE IN SOCIAL EMOTIONAL SCORES FROM THE ASSESSMENTS COMPLETED AT THE BEGINNING AND END OF THE FOUR-WEEK PROGRAM THERE WAS A 39 PERCENT INCREASE IN THE NUMBER STUDENTS ABLE TO WRITE THEIR NAMES STUDENTS HAD VISION SCREENINGS CONDUCTED WHILE ALSO BEING PROVIDED OPPORTUNITIES TO GET THEI</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>R IMMUNIZATIONS UP-TO-DATE BEFORE THE SCHOOL YEAR BEGAN --ON MY WAY PRE-K PILOT ON MY WA Y PRE-K IS THE NAME OF INDIANA'S FIRST STATE-FUNDED PREKINDERGARTEN PROGRAM, WHICH WAS APP ROVED AS A FIVE-COUNTY PILOT BY THE INDIANA GENERAL ASSEMBLY IN 2014 THE PRIMARY GOAL OF THE ON MY WAY PRE-K PILOT PROGRAM IS TO PROMOTE ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDU CATION (ECE) PROGRAMS FOR LOW-INCOME CHILDREN ALLEN COUNTY WAS SELECTED AS ONE OF FIVE CO UNTIES FOR THE PROGRAM AFTER DEMONSTRATING THE ABILITY TO SUCCESSFULLY IMPLEMENT THE PROJE CT STATE FUNDING IS SECURED THROUGH A MATCH FOR EVERY 1 THAT ALLEN COUNTY INVESTS, THE S TATE MATCHES 9 UNITED WAY IS THE LEAD FOR THE ALLEN COUNTY PROGRAM AND IS THE PRIMARY FUN DRAISER FOR THE MATCH THIS PAST YEAR 214 FOUR-YEAR-OLDS PARTICIPATED IN THE PRE-K PROGRAM IN ALLEN COUNTY ALL PROVIDERS ARE AT A LEVEL 3 OR 4 ON THE PATHS TO QUALITY SYSTEM, INDI ANA'S CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM --VOLUNTEER INCOME TAX ASSISTANCE (VITA) DURING THE 2017 SEASON, TAX PREPARATION WAS OFFERED AT TWO SITES IN ALLEN COUNTY A ND ONE EACH IN DEKALB, NOBLE AND STEUBEN COUNTIES MOBILE SERVICES ARE AVAILABLE FOR HOMEB OUND INDIVIDUALS AND MILITARY PERSONNEL THIS YEAR, NEARLY 70 VOLUNTEERS DONATED OVER 1,80 0 HOURS TO THIS EFFORT OVER 3 5 MILLION WERE RETURNED TO 2,831 RESIDENTS</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE 990 IS COMPLETED BY OUR CPA FIRM AND REVIEWED BY THE CEO AND CFO THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990, WHICH IS PRESENTED TO THE BOARD OF DIRECTORS WHO REVIEW IT PRIOR TO IT BEING FILED

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>VOLUNTEERS (BOARD AND COMMITTEE MEMBERS) AND STAFF MEMBERS ARE REQUIRED TO READ OUR CODE OF ETHICS ON AN ANNUAL BASIS AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE STATEMENT THE SECTION BELOW COMES DIRECTLY FROM OUR CODE OF ETHICS POLICY GUIDANCE, DISCLOSURE AND ENFORCEMENT VOLUNTEERS, STAFF, AND IDENTIFIED REPRESENTATIVES ARE ENCOURAGED TO SEEK GUIDANCE FROM UWAC'S BOARD CHAIR, PRESIDENT AND CEO, OR THE EXECUTIVE COMMITTEE CONCERNING THE INTERPRETATION OR APPLICATION OF THIS CODE (OF ETHICS) ANY KNOWN OR POSSIBLE BREACHES OF THE CODE SHOULD BE DISCLOSED REPORTS OF POSSIBLE BREACHES WILL BE HANDLED IN THE FOLLOWING MANNER - ALL REPORTS OF POSSIBLE BREACHES WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGANIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE BREACH WILL BE NOTIFIED - ALL REPORTED EMPLOYEE BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN, UP TO AND INCLUDING TERMINATION, BASED ON PERSONNEL POLICIES - ALL REPORTED VOLUNTEER BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN UP TO AND INCLUDING REMOVAL FROM THE BOARD AND/OR COMMITTEE, BASED ON THE RECOMMENDATIONS OR DECISIONS MADE AT THE DISCRETION OF THE EXECUTIVE COMMITTEE WITH APPROVAL OF THE BOARD OF DIRECTORS - RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A BREACH IN GOOD FAITH WILL BE TREATED AS AN INDEPENDENT BREACH OF THE CODE - UWAC AFFIRMS PROMPT AND FAIR RESOLUTION OF ALL REPORTED BREACHES - ANY AND ALL EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE ORGANIZATION AND/OR THE BOARD OF DIRECTORS IN THE ENFORCEMENT OF THE PROVISIONS OF THIS CODE WILL BE THE SOLE RESPONSIBILITY OF THE PERSON(S) WHO CAUSED SUCH BREACH</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE SALARY AND OTHER REMUNERATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL BE FIXED BY THE BOARD OF DIRECTORS SALARIES AND WAGES TO OTHER EMPLOYEES SHALL BE FIXED BY THE PRESIDENT BASED ON THE RECOMMENDED SALARY RANGES AND SUBJECT TO APPROVAL OF THE GENERAL OPERATING BUDGET BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR A) CONDUCTING A CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW PROCESS, INCLUDING GOAL SETTING, PERFORMANCE OBJECTIVES AND A 360 DEGREE ASSESSMENT, B) REVIEWING AND RECOMMENDING TO THE BOARD OF DIRECTORS TOTAL COMPENSATION AND REWARDS ADJUSTMENTS FOR THE CHIEF EXECUTIVE OFFICER AND C) MONITORING MARKET PRACTICES OF COMPARABLE ORGANIZATIONS TO ENSURE THAT EXECUTIVE COMPENSATION AND REWARD LEVEL ARE COMPETITIVE AND CONSISTENT WITH MARKET PRACTICES AND D) CONDUCTING PERIODIC REVIEWS OF ORGANIZATIONAL COMPENSATION STRATEGY AND RECOMMENDING CHANGES TO THE BOARD OF DIRECTORS AS NEEDED

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UNITED WAY OF ALLEN COUNTY MAKES ITS AUDITED FINANCIAL REPORT AND FORM 990 AVAILABLE ON ITS WEBSITE AND IN THE OFFICE FOR PUBLIC INSPECTION GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST ARE AVAILABLE IN THE OFFICE FOR PUBLIC INSPECTION

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	DESIGNATED CONTRIBUTIONS -725,816 DESIGNATED CONTRIBUTIONS 725,816